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06-18-01

EL695655957US

PTO/SB/05 (11-00)

Approved for use through 10/31/2002. OMB 0651-0032

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# UTILITY PATENT APPLICATION TRANSMITTAL

(Only for new nonprovisional applications under 37 C.F.R. § 1.53(b))

Attorney Docket No. 019916003810

First Inventor Empedocles, Stephen Alexander

Title SINGLE TARGET COUNTING ASSAYS USING SEMICONDUCTOR NANOCRYSTALS

Express Mail Label No. EL95655957US

09/882193  
06/13/01**APPLICATION ELEMENTS**

See MPEP chapter 600 concerning design patent application contents.

- Fee Transmittal Form (e.g., PTO/SB/17)  
*(Submit an original and a duplicate for fee processing)*
- Applicant claims small entity status.  
See 37 CFR 1.27.
- Specification [Total Pages 66]
  - Descriptive title of the Invention
  - Cross References to Related Applications
  - Statement Regarding Fed sponsored R & D
  - Reference to sequence listing, a table, or a computer program listing appendix
  - Background of the Invention
  - Brief Summary of the Invention
  - Brief Description of the Drawings (if filed)
  - Detailed Description
  - Claim(s)
  - Abstract of the Disclosure
- Drawing(s) (35 U.S.C.113) [Total Sheets 15]
- Oath or Declaration [Total Pages 1]
  - a.  Newly executed (original or copy)
  - b.  Copy from a prior application (37 CFR 1.63 (d))  
*(for a continuation/divisional with Box 18 completed)*
  - i.  **DELETION OF INVENTOR(S)**  
Signed statement attached deleting inventor(s) named in the prior application, see 37 CFR 1.63(d)(2) and 1.33(b).
- Application Data Sheet. See 37 CFR 1.76

**ADDRESS TO**Assistant Commissioner for Patents  
Box Patent Application  
Washington, DC 20231

7.  CD-ROM or CD-R in duplicate, large table or Computer Program (Appendix)
8. Nucleotide and/or Amino Acid Sequence Submission (if applicable, all necessary)
  - a.  Computer Readable Form (CRF)
  - b. Specification Sequence Listing on:
    - i.  CD-ROM or CD-R (2 copies); or
    - ii.  paper number of pages
  - c.  Statements verifying identity of above copies

**ACCOMPANYING APPLICATIONS PARTS**

9.  Assignment Papers (cover sheet & document(s))
10.  37 C.F.R. §3.73(b)Statement  Power of Attorney (when there is an assignee)
11.  English Translation Document (if applicable)
12.  Information Disclosure Statement (IDS)/PTO-1449  Copies of IDS Citations
13.  Preliminary Amendment
14.  Return Receipt Postcard (MPEP 503) (Should be specifically itemized)
15.  Certified Copy of Priority Document(s) (if foreign priority is claimed)
16.  Nonpublication Request under 35 U.S.C. 122(b)(2)(B)(i). Applicant must attach form PTO/SB/35 or its equivalent
17.  Other:

18. If a CONTINUING APPLICATION, check appropriate box, and supply the requisite information below and in a preliminary amendment, or in an Application Data Sheet under 37 CFR 1.76:

 Continuation     Divisional     Continuation-in-part (CIP)

of prior application No 09 / 784,866

Prior application information: Examiner \_\_\_\_\_

Group Art Unit: 1645

For CONTINUATION or DIVISIONAL APPS only: The entire disclosure of the prior application, from which an oath or declaration is supplied under Box 5b, is considered a part of the disclosure of the accompanying continuation or divisional application and is hereby incorporated by reference. The incorporation can only be relied upon when a portion has been inadvertently omitted from the submitted application parts.

**19. CORRESPONDENCE ADDRESS** Customer Number or Bar Code Label

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|-------------------|------------------|-----------------------------------|--------------------|
| Name (Print/Type) | Lynn M. Thompson | Registration No. (Attorney/Agent) | 47,911             |
| Signature         |                  |                                   | Date June 13, 2001 |

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# FEE TRANSMITTAL for FY 2001

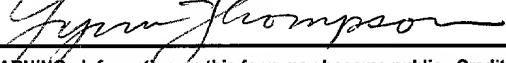
Patent fees are subject to annual revision.

TOTAL AMOUNT OF PAYMENT (\$ 355

| Complete if Known    |                               |
|----------------------|-------------------------------|
| Application Number   | 09/784,866                    |
| Filing Date          | February 15, 2001             |
| First Named Inventor | Empedocles, Stephen Alexander |
| Examiner Name        |                               |
| Group Art Unit       |                               |
| Attorney Docket No.  | 019916-003810US               |

| METHOD OF PAYMENT   |   |  |   | FEE CALCULATION (continued)  |   |                |          |  |   |   |   |   |   |  |   |     |                    |   |  |  |     |     |                   |   |                      |                     |                        |          |                  |                           |     |     |                        |     |                    |  |     |     |                                   |     |                        |  |     |     |                                       |     |        |   |     |     |  |     |     |  |     |     |  |     |     |   |  |     |     |     |     |  |  |     |       |     |     |   |  |     |       |     |     |  |  |     |     |     |     |                  |  |     |     |     |     |  |  |     |     |     |     |                          |  |     |       |     |       |   |  |     |     |     |    |                                  |  |     |       |     |     |                                    |  |     |       |     |     |                                |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |    |     |    |   |  |     |     |     |     |   |  |     |    |     |    |  |  |     |     |     |     |   |  |     |     |     |     |  |  |     |     |     |     |   |  |     |     |     |     |   |  |                     |  |  |  |  |  |  |  |  |  |  |  |                                   |  |  |  |                   |  |
|---|---|--|---|--|---|----------------|----------|--|---|---|---|---|---|--|---|-----|--------------------|---|--|--|-----|-----|-------------------|---|----------------------|---------------------|------------------------|----------|------------------|---------------------------|-----|-----|------------------------|-----|--------------------|--|-----|-----|-----------------------------------|-----|------------------------|--|-----|-----|---------------------------------------|-----|--------|---|-----|-----|--|-----|-----|--|-----|-----|--|-----|-----|---|--|-----|-----|-----|-----|--|--|-----|-------|-----|-----|---|--|-----|-------|-----|-----|--|--|-----|-----|-----|-----|------------------|--|-----|-----|-----|-----|--|--|-----|-----|-----|-----|--------------------------|--|-----|-------|-----|-------|---|--|-----|-----|-----|----|----------------------------------|--|-----|-------|-----|-----|------------------------------------|--|-----|-------|-----|-----|--------------------------------|--|-----|-----|-----|-----|------------------|--|-----|-----|-----|-----|-----------------|--|-----|-----|-----|-----|-------------------------------|--|-----|----|-----|----|---|--|-----|-----|-----|-----|---|--|-----|----|-----|----|--|--|-----|-----|-----|-----|---|--|-----|-----|-----|-----|--|--|-----|-----|-----|-----|---|--|-----|-----|-----|-----|---|--|---------------------|--|--|--|--|--|--|--|--|--|--|--|-----------------------------------|--|--|--|-------------------|--|
| <p>1. <input checked="" type="checkbox"/> The Commissioner is hereby authorized to charge indicated fees and credit any over payments to:</p> <p>Deposit Account Number <span style="border: 1px solid black; padding: 2px;">20-1430</span></p> <p>Deposit Account Name <span style="border: 1px solid black; padding: 2px;">Townsend and Townsend and Crew LLP</span></p> <p><input checked="" type="checkbox"/> Charge Any Additional Fee Required Under 37 CFR 1.16 and 1.17</p> <p><input checked="" type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27</p>  |   |  |   | <p>3. ADDITIONAL FEES</p> <table border="1"> <thead> <tr> <th>Large Fee Code (\$)</th> <th>Entity Fee Code (\$)</th> <th>Small Fee Code (\$)</th> <th>Entity Fee Code (\$)</th> <th>Fee Description</th> <th>Fee Paid</th> </tr> </thead> <tbody> <tr><td>105</td><td>130</td><td>205</td><td>65</td><td>Surcharge - late filing fee or oath</td><td></td></tr> <tr><td>127</td><td>50</td><td>227</td><td>25</td><td>Surcharge - late provisional filing fee or cover sheet.</td><td></td></tr> <tr><td>139</td><td>130</td><td>139</td><td>130</td><td>Non-English specification</td><td></td></tr> <tr><td>147</td><td>2,520</td><td>147</td><td>2,520</td><td>For filing a request for reexamination</td><td></td></tr> <tr><td>112</td><td>920*</td><td>112</td><td>920*</td><td>Requesting publication of SIR prior to Examiner action</td><td></td></tr> <tr><td>113</td><td>1,840*</td><td>113</td><td>1,840*</td><td>Requesting publication of SIR after Examiner action</td><td></td></tr> <tr><td>115</td><td>110</td><td>215</td><td>55</td><td>Extension for reply within first month</td><td></td></tr> <tr><td>116</td><td>390</td><td>216</td><td>195</td><td>Extension for reply within second month</td><td></td></tr> <tr><td>117</td><td>890</td><td>217</td><td>445</td><td>Extension for reply within third month</td><td></td></tr> <tr><td>118</td><td>1,390</td><td>218</td><td>695</td><td>Extension for reply within fourth month</td><td></td></tr> <tr><td>128</td><td>1,890</td><td>228</td><td>945</td><td>Extension for reply within fifth month</td><td></td></tr> <tr><td>119</td><td>310</td><td>219</td><td>155</td><td>Notice of Appeal</td><td></td></tr> <tr><td>120</td><td>310</td><td>220</td><td>155</td><td>Filing a brief in support of an appeal</td><td></td></tr> <tr><td>121</td><td>270</td><td>221</td><td>135</td><td>Request for oral hearing</td><td></td></tr> <tr><td>138</td><td>1,510</td><td>138</td><td>1,510</td><td>Petition to institute a public use proceeding</td><td></td></tr> <tr><td>140</td><td>110</td><td>240</td><td>55</td><td>Petition to revive – unavoidable</td><td></td></tr> <tr><td>141</td><td>1,240</td><td>241</td><td>620</td><td>Petition to revive – unintentional</td><td></td></tr> <tr><td>142</td><td>1,240</td><td>242</td><td>620</td><td>Utility issue fee (or reissue)</td><td></td></tr> <tr><td>143</td><td>440</td><td>243</td><td>220</td><td>Design issue fee</td><td></td></tr> <tr><td>144</td><td>600</td><td>244</td><td>300</td><td>Plant issue fee</td><td></td></tr> <tr><td>122</td><td>130</td><td>122</td><td>130</td><td>Petitions to the Commissioner</td><td></td></tr> <tr><td>123</td><td>50</td><td>123</td><td>50</td><td>Petitions related to provisional applications</td><td></td></tr> <tr><td>126</td><td>180</td><td>126</td><td>180</td><td>Submission of Information Disclosure Stmt</td><td></td></tr> <tr><td>581</td><td>40</td><td>581</td><td>40</td><td>Recording each patent assignment per property (times number of properties)</td><td></td></tr> <tr><td>146</td><td>710</td><td>246</td><td>355</td><td>Filing a submission after final rejection (37 CFR § 1.129(a))</td><td></td></tr> <tr><td>149</td><td>710</td><td>249</td><td>355</td><td>For each additional invention to be examined (37 CFR § 1.129(b))</td><td></td></tr> <tr><td>179</td><td>710</td><td>279</td><td>355</td><td>Request for Continued Examination (RCE)</td><td></td></tr> <tr><td>169</td><td>900</td><td>169</td><td>900</td><td>Request for expedited examination of a design application</td><td></td></tr> <tr><td colspan="6">Other fee (specify)</td></tr> <tr> <td colspan="6">The Commissioner is authorized to charge any additional fees to the above noted Deposit Account.</td></tr> <tr> <td colspan="4">*Reduced by Basic Filing Fee Paid</td><td>SUBTOTAL (3) (\$)</td><td></td></tr> </tbody> </table> |   |                |          | Large Fee Code (\$)  | Entity Fee Code (\$)  | Small Fee Code (\$)   | Entity Fee Code (\$)  | Fee Description   | Fee Paid  | 105  | 130   | 205 | 65                 | Surcharge - late filing fee or oath                             |  | 127  | 50  | 227 | 25                | Surcharge - late provisional filing fee or cover sheet. |                      | 139                 | 130                    | 139      | 130              | Non-English specification |     | 147 | 2,520                  | 147 | 2,520              | For filing a request for reexamination |     | 112 | 920*                              | 112 | 920*                   | Requesting publication of SIR prior to Examiner action |     | 113 | 1,840*                                | 113 | 1,840* | Requesting publication of SIR after Examiner action |     | 115 | 110  | 215 | 55  | Extension for reply within first month |     | 116 | 390  | 216 | 195 | Extension for reply within second month |  | 117 | 890 | 217 | 445 | Extension for reply within third month |  | 118 | 1,390 | 218 | 695 | Extension for reply within fourth month |  | 128 | 1,890 | 228 | 945 | Extension for reply within fifth month |  | 119 | 310 | 219 | 155 | Notice of Appeal |  | 120 | 310 | 220 | 155 | Filing a brief in support of an appeal |  | 121 | 270 | 221 | 135 | Request for oral hearing |  | 138 | 1,510 | 138 | 1,510 | Petition to institute a public use proceeding |  | 140 | 110 | 240 | 55 | Petition to revive – unavoidable |  | 141 | 1,240 | 241 | 620 | Petition to revive – unintentional |  | 142 | 1,240 | 242 | 620 | Utility issue fee (or reissue) |  | 143 | 440 | 243 | 220 | Design issue fee |  | 144 | 600 | 244 | 300 | Plant issue fee |  | 122 | 130 | 122 | 130 | Petitions to the Commissioner |  | 123 | 50 | 123 | 50 | Petitions related to provisional applications |  | 126 | 180 | 126 | 180 | Submission of Information Disclosure Stmt |  | 581 | 40 | 581 | 40 | Recording each patent assignment per property (times number of properties) |  | 146 | 710 | 246 | 355 | Filing a submission after final rejection (37 CFR § 1.129(a)) |  | 149 | 710 | 249 | 355 | For each additional invention to be examined (37 CFR § 1.129(b)) |  | 179 | 710 | 279 | 355 | Request for Continued Examination (RCE) |  | 169 | 900 | 169 | 900 | Request for expedited examination of a design application |  | Other fee (specify) |  |  |  |  |  | The Commissioner is authorized to charge any additional fees to the above noted Deposit Account. |  |  |  |  |  | *Reduced by Basic Filing Fee Paid |  |  |  | SUBTOTAL (3) (\$) |  |
| Large Fee Code (\$)   | Entity Fee Code (\$)  | Small Fee Code (\$)  | Entity Fee Code (\$)  | Fee Description  | Fee Paid  |                |          |  |   |   |   |   |   |  |   |     |                    |   |  |  |     |     |                   |   |                      |                     |                        |          |                  |                           |     |     |                        |     |                    |  |     |     |                                   |     |                        |  |     |     |                                       |     |        |   |     |     |  |     |     |  |     |     |  |     |     |   |  |     |     |     |     |  |  |     |       |     |     |   |  |     |       |     |     |  |  |     |     |     |     |                  |  |     |     |     |     |  |  |     |     |     |     |                          |  |     |       |     |       |   |  |     |     |     |    |                                  |  |     |       |     |     |                                    |  |     |       |     |     |                                |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |    |     |    |   |  |     |     |     |     |   |  |     |    |     |    |  |  |     |     |     |     |   |  |     |     |     |     |  |  |     |     |     |     |   |  |     |     |     |     |   |  |                     |  |  |  |  |  |  |  |  |  |  |  |                                   |  |  |  |                   |  |
| 105   | 130   | 205  | 65  | Surcharge - late filing fee or oath  |   |                |          |  |   |   |   |   |   |  |   |     |                    |   |  |  |     |     |                   |   |                      |                     |                        |          |                  |                           |     |     |                        |     |                    |  |     |     |                                   |     |                        |  |     |     |                                       |     |        |   |     |     |  |     |     |  |     |     |  |     |     |   |  |     |     |     |     |  |  |     |       |     |     |   |  |     |       |     |     |  |  |     |     |     |     |                  |  |     |     |     |     |  |  |     |     |     |     |                          |  |     |       |     |       |   |  |     |     |     |    |                                  |  |     |       |     |     |                                    |  |     |       |     |     |                                |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |    |     |    |   |  |     |     |     |     |   |  |     |    |     |    |  |  |     |     |     |     |   |  |     |     |     |     |  |  |     |     |     |     |   |  |     |     |     |     |   |  |                     |  |  |  |  |  |  |  |  |  |  |  |                                   |  |  |  |                   |  |
| 127   | 50  | 227  | 25  | Surcharge - late provisional filing fee or cover sheet.  |   |                |          |  |   |   |   |   |   |  |   |     |                    |   |  |  |     |     |                   |   |                      |                     |                        |          |                  |                           |     |     |                        |     |                    |  |     |     |                                   |     |                        |  |     |     |                                       |     |        |   |     |     |  |     |     |  |     |     |  |     |     |   |  |     |     |     |     |  |  |     |       |     |     |   |  |     |       |     |     |  |  |     |     |     |     |                  |  |     |     |     |     |  |  |     |     |     |     |                          |  |     |       |     |       |   |  |     |     |     |    |                                  |  |     |       |     |     |                                    |  |     |       |     |     |                                |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |    |     |    |   |  |     |     |     |     |   |  |     |    |     |    |  |  |     |     |     |     |   |  |     |     |     |     |  |  |     |     |     |     |   |  |     |     |     |     |   |  |                     |  |  |  |  |  |  |  |  |  |  |  |                                   |  |  |  |                   |  |
| 139   | 130   | 139  | 130   | Non-English specification  |   |                |          |  |   |   |   |   |   |  |   |     |                    |   |  |  |     |     |                   |   |                      |                     |                        |          |                  |                           |     |     |                        |     |                    |  |     |     |                                   |     |                        |  |     |     |                                       |     |        |   |     |     |  |     |     |  |     |     |  |     |     |   |  |     |     |     |     |  |  |     |       |     |     |   |  |     |       |     |     |  |  |     |     |     |     |                  |  |     |     |     |     |  |  |     |     |     |     |                          |  |     |       |     |       |   |  |     |     |     |    |                                  |  |     |       |     |     |                                    |  |     |       |     |     |                                |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |    |     |    |   |  |     |     |     |     |   |  |     |    |     |    |  |  |     |     |     |     |   |  |     |     |     |     |  |  |     |     |     |     |   |  |     |     |     |     |   |  |                     |  |  |  |  |  |  |  |  |  |  |  |                                   |  |  |  |                   |  |
| 147   | 2,520   | 147  | 2,520   | For filing a request for reexamination   |   |                |          |  |   |   |   |   |   |  |   |     |                    |   |  |  |     |     |                   |   |                      |                     |                        |          |                  |                           |     |     |                        |     |                    |  |     |     |                                   |     |                        |  |     |     |                                       |     |        |   |     |     |  |     |     |  |     |     |  |     |     |   |  |     |     |     |     |  |  |     |       |     |     |   |  |     |       |     |     |  |  |     |     |     |     |                  |  |     |     |     |     |  |  |     |     |     |     |                          |  |     |       |     |       |   |  |     |     |     |    |                                  |  |     |       |     |     |                                    |  |     |       |     |     |                                |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |    |     |    |   |  |     |     |     |     |   |  |     |    |     |    |  |  |     |     |     |     |   |  |     |     |     |     |  |  |     |     |     |     |   |  |     |     |     |     |   |  |                     |  |  |  |  |  |  |  |  |  |  |  |                                   |  |  |  |                   |  |
| 112   | 920*  | 112  | 920*  | Requesting publication of SIR prior to Examiner action   |   |                |          |  |   |   |   |   |   |  |   |     |                    |   |  |  |     |     |                   |   |                      |                     |                        |          |                  |                           |     |     |                        |     |                    |  |     |     |                                   |     |                        |  |     |     |                                       |     |        |   |     |     |  |     |     |  |     |     |  |     |     |   |  |     |     |     |     |  |  |     |       |     |     |   |  |     |       |     |     |  |  |     |     |     |     |                  |  |     |     |     |     |  |  |     |     |     |     |                          |  |     |       |     |       |   |  |     |     |     |    |                                  |  |     |       |     |     |                                    |  |     |       |     |     |                                |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |    |     |    |   |  |     |     |     |     |   |  |     |    |     |    |  |  |     |     |     |     |   |  |     |     |     |     |  |  |     |     |     |     |   |  |     |     |     |     |   |  |                     |  |  |  |  |  |  |  |  |  |  |  |                                   |  |  |  |                   |  |
| 113   | 1,840*  | 113  | 1,840*  | Requesting publication of SIR after Examiner action  |   |                |          |  |   |   |   |   |   |  |   |     |                    |   |  |  |     |     |                   |   |                      |                     |                        |          |                  |                           |     |     |                        |     |                    |  |     |     |                                   |     |                        |  |     |     |                                       |     |        |   |     |     |  |     |     |  |     |     |  |     |     |   |  |     |     |     |     |  |  |     |       |     |     |   |  |     |       |     |     |  |  |     |     |     |     |                  |  |     |     |     |     |  |  |     |     |     |     |                          |  |     |       |     |       |   |  |     |     |     |    |                                  |  |     |       |     |     |                                    |  |     |       |     |     |                                |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |    |     |    |   |  |     |     |     |     |   |  |     |    |     |    |  |  |     |     |     |     |   |  |     |     |     |     |  |  |     |     |     |     |   |  |     |     |     |     |   |  |                     |  |  |  |  |  |  |  |  |  |  |  |                                   |  |  |  |                   |  |
| 115   | 110   | 215  | 55  | Extension for reply within first month   |   |                |          |  |   |   |   |   |   |  |   |     |                    |   |  |  |     |     |                   |   |                      |                     |                        |          |                  |                           |     |     |                        |     |                    |  |     |     |                                   |     |                        |  |     |     |                                       |     |        |   |     |     |  |     |     |  |     |     |  |     |     |   |  |     |     |     |     |  |  |     |       |     |     |   |  |     |       |     |     |  |  |     |     |     |     |                  |  |     |     |     |     |  |  |     |     |     |     |                          |  |     |       |     |       |   |  |     |     |     |    |                                  |  |     |       |     |     |                                    |  |     |       |     |     |                                |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |    |     |    |   |  |     |     |     |     |   |  |     |    |     |    |  |  |     |     |     |     |   |  |     |     |     |     |  |  |     |     |     |     |   |  |     |     |     |     |   |  |                     |  |  |  |  |  |  |  |  |  |  |  |                                   |  |  |  |                   |  |
| 116   | 390   | 216  | 195   | Extension for reply within second month  |   |                |          |  |   |   |   |   |   |  |   |     |                    |   |  |  |     |     |                   |   |                      |                     |                        |          |                  |                           |     |     |                        |     |                    |  |     |     |                                   |     |                        |  |     |     |                                       |     |        |   |     |     |  |     |     |  |     |     |  |     |     |   |  |     |     |     |     |  |  |     |       |     |     |   |  |     |       |     |     |  |  |     |     |     |     |                  |  |     |     |     |     |  |  |     |     |     |     |                          |  |     |       |     |       |   |  |     |     |     |    |                                  |  |     |       |     |     |                                    |  |     |       |     |     |                                |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |    |     |    |   |  |     |     |     |     |   |  |     |    |     |    |  |  |     |     |     |     |   |  |     |     |     |     |  |  |     |     |     |     |   |  |     |     |     |     |   |  |                     |  |  |  |  |  |  |  |  |  |  |  |                                   |  |  |  |                   |  |
| 117   | 890   | 217  | 445   | Extension for reply within third month   |   |                |          |  |   |   |   |   |   |  |   |     |                    |   |  |  |     |     |                   |   |                      |                     |                        |          |                  |                           |     |     |                        |     |                    |  |     |     |                                   |     |                        |  |     |     |                                       |     |        |   |     |     |  |     |     |  |     |     |  |     |     |   |  |     |     |     |     |  |  |     |       |     |     |   |  |     |       |     |     |  |  |     |     |     |     |                  |  |     |     |     |     |  |  |     |     |     |     |                          |  |     |       |     |       |   |  |     |     |     |    |                                  |  |     |       |     |     |                                    |  |     |       |     |     |                                |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |    |     |    |   |  |     |     |     |     |   |  |     |    |     |    |  |  |     |     |     |     |   |  |     |     |     |     |  |  |     |     |     |     |   |  |     |     |     |     |   |  |                     |  |  |  |  |  |  |  |  |  |  |  |                                   |  |  |  |                   |  |
| 118   | 1,390   | 218  | 695   | Extension for reply within fourth month  |   |                |          |  |   |   |   |   |   |  |   |     |                    |   |  |  |     |     |                   |   |                      |                     |                        |          |                  |                           |     |     |                        |     |                    |  |     |     |                                   |     |                        |  |     |     |                                       |     |        |   |     |     |  |     |     |  |     |     |  |     |     |   |  |     |     |     |     |  |  |     |       |     |     |   |  |     |       |     |     |  |  |     |     |     |     |                  |  |     |     |     |     |  |  |     |     |     |     |                          |  |     |       |     |       |   |  |     |     |     |    |                                  |  |     |       |     |     |                                    |  |     |       |     |     |                                |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |    |     |    |   |  |     |     |     |     |   |  |     |    |     |    |  |  |     |     |     |     |   |  |     |     |     |     |  |  |     |     |     |     |   |  |     |     |     |     |   |  |                     |  |  |  |  |  |  |  |  |  |  |  |                                   |  |  |  |                   |  |
| 128   | 1,890   | 228  | 945   | Extension for reply within fifth month   |   |                |          |  |   |   |   |   |   |  |   |     |                    |   |  |  |     |     |                   |   |                      |                     |                        |          |                  |                           |     |     |                        |     |                    |  |     |     |                                   |     |                        |  |     |     |                                       |     |        |   |     |     |  |     |     |  |     |     |  |     |     |   |  |     |     |     |     |  |  |     |       |     |     |   |  |     |       |     |     |  |  |     |     |     |     |                  |  |     |     |     |     |  |  |     |     |     |     |                          |  |     |       |     |       |   |  |     |     |     |    |                                  |  |     |       |     |     |                                    |  |     |       |     |     |                                |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |    |     |    |   |  |     |     |     |     |   |  |     |    |     |    |  |  |     |     |     |     |   |  |     |     |     |     |  |  |     |     |     |     |   |  |     |     |     |     |   |  |                     |  |  |  |  |  |  |  |  |  |  |  |                                   |  |  |  |                   |  |
| 119   | 310   | 219  | 155   | Notice of Appeal   |   |                |          |  |   |   |   |   |   |  |   |     |                    |   |  |  |     |     |                   |   |                      |                     |                        |          |                  |                           |     |     |                        |     |                    |  |     |     |                                   |     |                        |  |     |     |                                       |     |        |   |     |     |  |     |     |  |     |     |  |     |     |   |  |     |     |     |     |  |  |     |       |     |     |   |  |     |       |     |     |  |  |     |     |     |     |                  |  |     |     |     |     |  |  |     |     |     |     |                          |  |     |       |     |       |   |  |     |     |     |    |                                  |  |     |       |     |     |                                    |  |     |       |     |     |                                |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |    |     |    |   |  |     |     |     |     |   |  |     |    |     |    |  |  |     |     |     |     |   |  |     |     |     |     |  |  |     |     |     |     |   |  |     |     |     |     |   |  |                     |  |  |  |  |  |  |  |  |  |  |  |                                   |  |  |  |                   |  |
| 120   | 310   | 220  | 155   | Filing a brief in support of an appeal   |   |                |          |  |   |   |   |   |   |  |   |     |                    |   |  |  |     |     |                   |   |                      |                     |                        |          |                  |                           |     |     |                        |     |                    |  |     |     |                                   |     |                        |  |     |     |                                       |     |        |   |     |     |  |     |     |  |     |     |  |     |     |   |  |     |     |     |     |  |  |     |       |     |     |   |  |     |       |     |     |  |  |     |     |     |     |                  |  |     |     |     |     |  |  |     |     |     |     |                          |  |     |       |     |       |   |  |     |     |     |    |                                  |  |     |       |     |     |                                    |  |     |       |     |     |                                |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |    |     |    |   |  |     |     |     |     |   |  |     |    |     |    |  |  |     |     |     |     |   |  |     |     |     |     |  |  |     |     |     |     |   |  |     |     |     |     |   |  |                     |  |  |  |  |  |  |  |  |  |  |  |                                   |  |  |  |                   |  |
| 121   | 270   | 221  | 135   | Request for oral hearing   |   |                |          |  |   |   |   |   |   |  |   |     |                    |   |  |  |     |     |                   |   |                      |                     |                        |          |                  |                           |     |     |                        |     |                    |  |     |     |                                   |     |                        |  |     |     |                                       |     |        |   |     |     |  |     |     |  |     |     |  |     |     |   |  |     |     |     |     |  |  |     |       |     |     |   |  |     |       |     |     |  |  |     |     |     |     |                  |  |     |     |     |     |  |  |     |     |     |     |                          |  |     |       |     |       |   |  |     |     |     |    |                                  |  |     |       |     |     |                                    |  |     |       |     |     |                                |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |    |     |    |   |  |     |     |     |     |   |  |     |    |     |    |  |  |     |     |     |     |   |  |     |     |     |     |  |  |     |     |     |     |   |  |     |     |     |     |   |  |                     |  |  |  |  |  |  |  |  |  |  |  |                                   |  |  |  |                   |  |
| 138   | 1,510   | 138  | 1,510   | Petition to institute a public use proceeding  |   |                |          |  |   |   |   |   |   |  |   |     |                    |   |  |  |     |     |                   |   |                      |                     |                        |          |                  |                           |     |     |                        |     |                    |  |     |     |                                   |     |                        |  |     |     |                                       |     |        |   |     |     |  |     |     |  |     |     |  |     |     |   |  |     |     |     |     |  |  |     |       |     |     |   |  |     |       |     |     |  |  |     |     |     |     |                  |  |     |     |     |     |  |  |     |     |     |     |                          |  |     |       |     |       |   |  |     |     |     |    |                                  |  |     |       |     |     |                                    |  |     |       |     |     |                                |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |    |     |    |   |  |     |     |     |     |   |  |     |    |     |    |  |  |     |     |     |     |   |  |     |     |     |     |  |  |     |     |     |     |   |  |     |     |     |     |   |  |                     |  |  |  |  |  |  |  |  |  |  |  |                                   |  |  |  |                   |  |
| 140   | 110   | 240  | 55  | Petition to revive – unavoidable   |   |                |          |  |   |   |   |   |   |  |   |     |                    |   |  |  |     |     |                   |   |                      |                     |                        |          |                  |                           |     |     |                        |     |                    |  |     |     |                                   |     |                        |  |     |     |                                       |     |        |   |     |     |  |     |     |  |     |     |  |     |     |   |  |     |     |     |     |  |  |     |       |     |     |   |  |     |       |     |     |  |  |     |     |     |     |                  |  |     |     |     |     |  |  |     |     |     |     |                          |  |     |       |     |       |   |  |     |     |     |    |                                  |  |     |       |     |     |                                    |  |     |       |     |     |                                |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |    |     |    |   |  |     |     |     |     |   |  |     |    |     |    |  |  |     |     |     |     |   |  |     |     |     |     |  |  |     |     |     |     |   |  |     |     |     |     |   |  |                     |  |  |  |  |  |  |  |  |  |  |  |                                   |  |  |  |                   |  |
| 141   | 1,240   | 241  | 620   | Petition to revive – unintentional   |   |                |          |  |   |   |   |   |   |  |   |     |                    |   |  |  |     |     |                   |   |                      |                     |                        |          |                  |                           |     |     |                        |     |                    |  |     |     |                                   |     |                        |  |     |     |                                       |     |        |   |     |     |  |     |     |  |     |     |  |     |     |   |  |     |     |     |     |  |  |     |       |     |     |   |  |     |       |     |     |  |  |     |     |     |     |                  |  |     |     |     |     |  |  |     |     |     |     |                          |  |     |       |     |       |   |  |     |     |     |    |                                  |  |     |       |     |     |                                    |  |     |       |     |     |                                |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |    |     |    |   |  |     |     |     |     |   |  |     |    |     |    |  |  |     |     |     |     |   |  |     |     |     |     |  |  |     |     |     |     |   |  |     |     |     |     |   |  |                     |  |  |  |  |  |  |  |  |  |  |  |                                   |  |  |  |                   |  |
| 142   | 1,240   | 242  | 620   | Utility issue fee (or reissue)   |   |                |          |  |   |   |   |   |   |  |   |     |                    |   |  |  |     |     |                   |   |                      |                     |                        |          |                  |                           |     |     |                        |     |                    |  |     |     |                                   |     |                        |  |     |     |                                       |     |        |   |     |     |  |     |     |  |     |     |  |     |     |   |  |     |     |     |     |  |  |     |       |     |     |   |  |     |       |     |     |  |  |     |     |     |     |                  |  |     |     |     |     |  |  |     |     |     |     |                          |  |     |       |     |       |   |  |     |     |     |    |                                  |  |     |       |     |     |                                    |  |     |       |     |     |                                |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |    |     |    |   |  |     |     |     |     |   |  |     |    |     |    |  |  |     |     |     |     |   |  |     |     |     |     |  |  |     |     |     |     |   |  |     |     |     |     |   |  |                     |  |  |  |  |  |  |  |  |  |  |  |                                   |  |  |  |                   |  |
| 143   | 440   | 243  | 220   | Design issue fee   |   |                |          |  |   |   |   |   |   |  |   |     |                    |   |  |  |     |     |                   |   |                      |                     |                        |          |                  |                           |     |     |                        |     |                    |  |     |     |                                   |     |                        |  |     |     |                                       |     |        |   |     |     |  |     |     |  |     |     |  |     |     |   |  |     |     |     |     |  |  |     |       |     |     |   |  |     |       |     |     |  |  |     |     |     |     |                  |  |     |     |     |     |  |  |     |     |     |     |                          |  |     |       |     |       |   |  |     |     |     |    |                                  |  |     |       |     |     |                                    |  |     |       |     |     |                                |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |    |     |    |   |  |     |     |     |     |   |  |     |    |     |    |  |  |     |     |     |     |   |  |     |     |     |     |  |  |     |     |     |     |   |  |     |     |     |     |   |  |                     |  |  |  |  |  |  |  |  |  |  |  |                                   |  |  |  |                   |  |
| 144   | 600   | 244  | 300   | Plant issue fee  |   |                |          |  |   |   |   |   |   |  |   |     |                    |   |  |  |     |     |                   |   |                      |                     |                        |          |                  |                           |     |     |                        |     |                    |  |     |     |                                   |     |                        |  |     |     |                                       |     |        |   |     |     |  |     |     |  |     |     |  |     |     |   |  |     |     |     |     |  |  |     |       |     |     |   |  |     |       |     |     |  |  |     |     |     |     |                  |  |     |     |     |     |  |  |     |     |     |     |                          |  |     |       |     |       |   |  |     |     |     |    |                                  |  |     |       |     |     |                                    |  |     |       |     |     |                                |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |    |     |    |   |  |     |     |     |     |   |  |     |    |     |    |  |  |     |     |     |     |   |  |     |     |     |     |  |  |     |     |     |     |   |  |     |     |     |     |   |  |                     |  |  |  |  |  |  |  |  |  |  |  |                                   |  |  |  |                   |  |
| 122   | 130   | 122  | 130   | Petitions to the Commissioner  |   |                |          |  |   |   |   |   |   |  |   |     |                    |   |  |  |     |     |                   |   |                      |                     |                        |          |                  |                           |     |     |                        |     |                    |  |     |     |                                   |     |                        |  |     |     |                                       |     |        |   |     |     |  |     |     |  |     |     |  |     |     |   |  |     |     |     |     |  |  |     |       |     |     |   |  |     |       |     |     |  |  |     |     |     |     |                  |  |     |     |     |     |  |  |     |     |     |     |                          |  |     |       |     |       |   |  |     |     |     |    |                                  |  |     |       |     |     |                                    |  |     |       |     |     |                                |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |    |     |    |   |  |     |     |     |     |   |  |     |    |     |    |  |  |     |     |     |     |   |  |     |     |     |     |  |  |     |     |     |     |   |  |     |     |     |     |   |  |                     |  |  |  |  |  |  |  |  |  |  |  |                                   |  |  |  |                   |  |
| 123   | 50  | 123  | 50  | Petitions related to provisional applications  |   |                |          |  |   |   |   |   |   |  |   |     |                    |   |  |  |     |     |                   |   |                      |                     |                        |          |                  |                           |     |     |                        |     |                    |  |     |     |                                   |     |                        |  |     |     |                                       |     |        |   |     |     |  |     |     |  |     |     |  |     |     |   |  |     |     |     |     |  |  |     |       |     |     |   |  |     |       |     |     |  |  |     |     |     |     |                  |  |     |     |     |     |  |  |     |     |     |     |                          |  |     |       |     |       |   |  |     |     |     |    |                                  |  |     |       |     |     |                                    |  |     |       |     |     |                                |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |    |     |    |   |  |     |     |     |     |   |  |     |    |     |    |  |  |     |     |     |     |   |  |     |     |     |     |  |  |     |     |     |     |   |  |     |     |     |     |   |  |                     |  |  |  |  |  |  |  |  |  |  |  |                                   |  |  |  |                   |  |
| 126   | 180   | 126  | 180   | Submission of Information Disclosure Stmt  |   |                |          |  |   |   |   |   |   |  |   |     |                    |   |  |  |     |     |                   |   |                      |                     |                        |          |                  |                           |     |     |                        |     |                    |  |     |     |                                   |     |                        |  |     |     |                                       |     |        |   |     |     |  |     |     |  |     |     |  |     |     |   |  |     |     |     |     |  |  |     |       |     |     |   |  |     |       |     |     |  |  |     |     |     |     |                  |  |     |     |     |     |  |  |     |     |     |     |                          |  |     |       |     |       |   |  |     |     |     |    |                                  |  |     |       |     |     |                                    |  |     |       |     |     |                                |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |    |     |    |   |  |     |     |     |     |   |  |     |    |     |    |  |  |     |     |     |     |   |  |     |     |     |     |  |  |     |     |     |     |   |  |     |     |     |     |   |  |                     |  |  |  |  |  |  |  |  |  |  |  |                                   |  |  |  |                   |  |
| 581   | 40  | 581  | 40  | Recording each patent assignment per property (times number of properties)   |   |                |          |  |   |   |   |   |   |  |   |     |                    |   |  |  |     |     |                   |   |                      |                     |                        |          |                  |                           |     |     |                        |     |                    |  |     |     |                                   |     |                        |  |     |     |                                       |     |        |   |     |     |  |     |     |  |     |     |  |     |     |   |  |     |     |     |     |  |  |     |       |     |     |   |  |     |       |     |     |  |  |     |     |     |     |                  |  |     |     |     |     |  |  |     |     |     |     |                          |  |     |       |     |       |   |  |     |     |     |    |                                  |  |     |       |     |     |                                    |  |     |       |     |     |                                |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |    |     |    |   |  |     |     |     |     |   |  |     |    |     |    |  |  |     |     |     |     |   |  |     |     |     |     |  |  |     |     |     |     |   |  |     |     |     |     |   |  |                     |  |  |  |  |  |  |  |  |  |  |  |                                   |  |  |  |                   |  |
| 146   | 710   | 246  | 355   | Filing a submission after final rejection (37 CFR § 1.129(a))  |   |                |          |  |   |   |   |   |   |  |   |     |                    |   |  |  |     |     |                   |   |                      |                     |                        |          |                  |                           |     |     |                        |     |                    |  |     |     |                                   |     |                        |  |     |     |                                       |     |        |   |     |     |  |     |     |  |     |     |  |     |     |   |  |     |     |     |     |  |  |     |       |     |     |   |  |     |       |     |     |  |  |     |     |     |     |                  |  |     |     |     |     |  |  |     |     |     |     |                          |  |     |       |     |       |   |  |     |     |     |    |                                  |  |     |       |     |     |                                    |  |     |       |     |     |                                |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |    |     |    |   |  |     |     |     |     |   |  |     |    |     |    |  |  |     |     |     |     |   |  |     |     |     |     |  |  |     |     |     |     |   |  |     |     |     |     |   |  |                     |  |  |  |  |  |  |  |  |  |  |  |                                   |  |  |  |                   |  |
| 149   | 710   | 249  | 355   | For each additional invention to be examined (37 CFR § 1.129(b))   |   |                |          |  |   |   |   |   |   |  |   |     |                    |   |  |  |     |     |                   |   |                      |                     |                        |          |                  |                           |     |     |                        |     |                    |  |     |     |                                   |     |                        |  |     |     |                                       |     |        |   |     |     |  |     |     |  |     |     |  |     |     |   |  |     |     |     |     |  |  |     |       |     |     |   |  |     |       |     |     |  |  |     |     |     |     |                  |  |     |     |     |     |  |  |     |     |     |     |                          |  |     |       |     |       |   |  |     |     |     |    |                                  |  |     |       |     |     |                                    |  |     |       |     |     |                                |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |    |     |    |   |  |     |     |     |     |   |  |     |    |     |    |  |  |     |     |     |     |   |  |     |     |     |     |  |  |     |     |     |     |   |  |     |     |     |     |   |  |                     |  |  |  |  |  |  |  |  |  |  |  |                                   |  |  |  |                   |  |
| 179   | 710   | 279  | 355   | Request for Continued Examination (RCE)  |   |                |          |  |   |   |   |   |   |  |   |     |                    |   |  |  |     |     |                   |   |                      |                     |                        |          |                  |                           |     |     |                        |     |                    |  |     |     |                                   |     |                        |  |     |     |                                       |     |        |   |     |     |  |     |     |  |     |     |  |     |     |   |  |     |     |     |     |  |  |     |       |     |     |   |  |     |       |     |     |  |  |     |     |     |     |                  |  |     |     |     |     |  |  |     |     |     |     |                          |  |     |       |     |       |   |  |     |     |     |    |                                  |  |     |       |     |     |                                    |  |     |       |     |     |                                |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |    |     |    |   |  |     |     |     |     |   |  |     |    |     |    |  |  |     |     |     |     |   |  |     |     |     |     |  |  |     |     |     |     |   |  |     |     |     |     |   |  |                     |  |  |  |  |  |  |  |  |  |  |  |                                   |  |  |  |                   |  |
| 169   | 900   | 169  | 900   | Request for expedited examination of a design application  |   |                |          |  |   |   |   |   |   |  |   |     |                    |   |  |  |     |     |                   |   |                      |                     |                        |          |                  |                           |     |     |                        |     |                    |  |     |     |                                   |     |                        |  |     |     |                                       |     |        |   |     |     |  |     |     |  |     |     |  |     |     |   |  |     |     |     |     |  |  |     |       |     |     |   |  |     |       |     |     |  |  |     |     |     |     |                  |  |     |     |     |     |  |  |     |     |     |     |                          |  |     |       |     |       |   |  |     |     |     |    |                                  |  |     |       |     |     |                                    |  |     |       |     |     |                                |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |    |     |    |   |  |     |     |     |     |   |  |     |    |     |    |  |  |     |     |     |     |   |  |     |     |     |     |  |  |     |     |     |     |   |  |     |     |     |     |   |  |                     |  |  |  |  |  |  |  |  |  |  |  |                                   |  |  |  |                   |  |
| Other fee (specify)   |   |  |   |  |   |                |          |  |   |   |   |   |   |  |   |     |                    |   |  |  |     |     |                   |   |                      |                     |                        |          |                  |                           |     |     |                        |     |                    |  |     |     |                                   |     |                        |  |     |     |                                       |     |        |   |     |     |  |     |     |  |     |     |  |     |     |   |  |     |     |     |     |  |  |     |       |     |     |   |  |     |       |     |     |  |  |     |     |     |     |                  |  |     |     |     |     |  |  |     |     |     |     |                          |  |     |       |     |       |   |  |     |     |     |    |                                  |  |     |       |     |     |                                    |  |     |       |     |     |                                |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |    |     |    |   |  |     |     |     |     |   |  |     |    |     |    |  |  |     |     |     |     |   |  |     |     |     |     |  |  |     |     |     |     |   |  |     |     |     |     |   |  |                     |  |  |  |  |  |  |  |  |  |  |  |                                   |  |  |  |                   |  |
| The Commissioner is authorized to charge any additional fees to the above noted Deposit Account.  |   |  |   |  |   |                |          |  |   |   |   |   |   |  |   |     |                    |   |  |  |     |     |                   |   |                      |                     |                        |          |                  |                           |     |     |                        |     |                    |  |     |     |                                   |     |                        |  |     |     |                                       |     |        |   |     |     |  |     |     |  |     |     |  |     |     |   |  |     |     |     |     |  |  |     |       |     |     |   |  |     |       |     |     |  |  |     |     |     |     |                  |  |     |     |     |     |  |  |     |     |     |     |                          |  |     |       |     |       |   |  |     |     |     |    |                                  |  |     |       |     |     |                                    |  |     |       |     |     |                                |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |    |     |    |   |  |     |     |     |     |   |  |     |    |     |    |  |  |     |     |     |     |   |  |     |     |     |     |  |  |     |     |     |     |   |  |     |     |     |     |   |  |                     |  |  |  |  |  |  |  |  |  |  |  |                                   |  |  |  |                   |  |
| *Reduced by Basic Filing Fee Paid   |   |  |   | SUBTOTAL (3) (\$)  |   |                |          |  |   |   |   |   |   |  |   |     |                    |   |  |  |     |     |                   |   |                      |                     |                        |          |                  |                           |     |     |                        |     |                    |  |     |     |                                   |     |                        |  |     |     |                                       |     |        |   |     |     |  |     |     |  |     |     |  |     |     |   |  |     |     |     |     |  |  |     |       |     |     |   |  |     |       |     |     |  |  |     |     |     |     |                  |  |     |     |     |     |  |  |     |     |     |     |                          |  |     |       |     |       |   |  |     |     |     |    |                                  |  |     |       |     |     |                                    |  |     |       |     |     |                                |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |    |     |    |   |  |     |     |     |     |   |  |     |    |     |    |  |  |     |     |     |     |   |  |     |     |     |     |  |  |     |     |     |     |   |  |     |     |     |     |   |  |                     |  |  |  |  |  |  |  |  |  |  |  |                                   |  |  |  |                   |  |
| <p>Total Claims <span style="border: 1px solid black; padding: 2px;">18</span> -20** = <span style="border: 1px solid black; padding: 2px;">0</span> X <span style="border: 1px solid black; padding: 2px;">\$9</span> = <span style="border: 1px solid black; padding: 2px;">\$0</span></p> <p>Independent Claims <span style="border: 1px solid black; padding: 2px;">3</span> -3** = <span style="border: 1px solid black; padding: 2px;">0</span> X <span style="border: 1px solid black; padding: 2px;">\$40</span> = <span style="border: 1px solid black; padding: 2px;">\$0</span></p> <p>Multiple Dependent <span style="border: 1px solid black; padding: 2px;"></span> X <span style="border: 1px solid black; padding: 2px;"></span> = <span style="border: 1px solid black; padding: 2px;"></span></p>   |   |  |   | <table border="1"> <thead> <tr> <th>Large Fee Code (\$)</th> <th>Entity Fee Code (\$)</th> <th>Small Fee Code (\$)</th> <th>Entity Fee Description</th> <th>Fee Paid</th> </tr> </thead> <tbody> <tr><td>101</td><td>710</td><td>201</td><td>355</td><td>Utility filing fee</td><td><span style="border: 1px solid black; padding: 2px;">355</span></td></tr> <tr><td>106</td><td>320</td><td>206</td><td>160</td><td>Design filing fee</td><td></td></tr> <tr><td>107</td><td>490</td><td>207</td><td>245</td><td>Plant filing fee</td><td></td></tr> <tr><td>108</td><td>710</td><td>208</td><td>355</td><td>Reissue filing fee</td><td></td></tr> <tr><td>114</td><td>150</td><td>214</td><td>75</td><td>Provisional filing fee</td><td></td></tr> </tbody> </table>  |   |                |          | Large Fee Code (\$)  | Entity Fee Code (\$)  | Small Fee Code (\$)   | Entity Fee Description  | Fee Paid  | 101   | 710  | 201   | 355 | Utility filing fee | <span style="border: 1px solid black; padding: 2px;">355</span> | 106  | 320  | 206 | 160 | Design filing fee |   | 107                  | 490                 | 207                    | 245      | Plant filing fee |                           | 108 | 710 | 208                    | 355 | Reissue filing fee |  | 114 | 150 | 214                               | 75  | Provisional filing fee |  |     |     |                                       |     |        |   |     |     |  |     |     |  |     |     |  |     |     |   |  |     |     |     |     |  |  |     |       |     |     |   |  |     |       |     |     |  |  |     |     |     |     |                  |  |     |     |     |     |  |  |     |     |     |     |                          |  |     |       |     |       |   |  |     |     |     |    |                                  |  |     |       |     |     |                                    |  |     |       |     |     |                                |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |    |     |    |   |  |     |     |     |     |   |  |     |    |     |    |  |  |     |     |     |     |   |  |     |     |     |     |  |  |     |     |     |     |   |  |     |     |     |     |   |  |                     |  |  |  |  |  |  |  |  |  |  |  |                                   |  |  |  |                   |  |
| Large Fee Code (\$)   | Entity Fee Code (\$)  | Small Fee Code (\$)  | Entity Fee Description  | Fee Paid   |   |                |          |  |   |   |   |   |   |  |   |     |                    |   |  |  |     |     |                   |   |                      |                     |                        |          |                  |                           |     |     |                        |     |                    |  |     |     |                                   |     |                        |  |     |     |                                       |     |        |   |     |     |  |     |     |  |     |     |  |     |     |   |  |     |     |     |     |  |  |     |       |     |     |   |  |     |       |     |     |  |  |     |     |     |     |                  |  |     |     |     |     |  |  |     |     |     |     |                          |  |     |       |     |       |   |  |     |     |     |    |                                  |  |     |       |     |     |                                    |  |     |       |     |     |                                |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |    |     |    |   |  |     |     |     |     |   |  |     |    |     |    |  |  |     |     |     |     |   |  |     |     |     |     |  |  |     |     |     |     |   |  |     |     |     |     |   |  |                     |  |  |  |  |  |  |  |  |  |  |  |                                   |  |  |  |                   |  |
| 101   | 710   | 201  | 355   | Utility filing fee   | <span style="border: 1px solid black; padding: 2px;">355</span> |                |          |  |   |   |   |   |   |  |   |     |                    |   |  |  |     |     |                   |   |                      |                     |                        |          |                  |                           |     |     |                        |     |                    |  |     |     |                                   |     |                        |  |     |     |                                       |     |        |   |     |     |  |     |     |  |     |     |  |     |     |   |  |     |     |     |     |  |  |     |       |     |     |   |  |     |       |     |     |  |  |     |     |     |     |                  |  |     |     |     |     |  |  |     |     |     |     |                          |  |     |       |     |       |   |  |     |     |     |    |                                  |  |     |       |     |     |                                    |  |     |       |     |     |                                |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |    |     |    |   |  |     |     |     |     |   |  |     |    |     |    |  |  |     |     |     |     |   |  |     |     |     |     |  |  |     |     |     |     |   |  |     |     |     |     |   |  |                     |  |  |  |  |  |  |  |  |  |  |  |                                   |  |  |  |                   |  |
| 106   | 320   | 206  | 160   | Design filing fee  |   |                |          |  |   |   |   |   |   |  |   |     |                    |   |  |  |     |     |                   |   |                      |                     |                        |          |                  |                           |     |     |                        |     |                    |  |     |     |                                   |     |                        |  |     |     |                                       |     |        |   |     |     |  |     |     |  |     |     |  |     |     |   |  |     |     |     |     |  |  |     |       |     |     |   |  |     |       |     |     |  |  |     |     |     |     |                  |  |     |     |     |     |  |  |     |     |     |     |                          |  |     |       |     |       |   |  |     |     |     |    |                                  |  |     |       |     |     |                                    |  |     |       |     |     |                                |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |    |     |    |   |  |     |     |     |     |   |  |     |    |     |    |  |  |     |     |     |     |   |  |     |     |     |     |  |  |     |     |     |     |   |  |     |     |     |     |   |  |                     |  |  |  |  |  |  |  |  |  |  |  |                                   |  |  |  |                   |  |
| 107   | 490   | 207  | 245   | Plant filing fee   |   |                |          |  |   |   |   |   |   |  |   |     |                    |   |  |  |     |     |                   |   |                      |                     |                        |          |                  |                           |     |     |                        |     |                    |  |     |     |                                   |     |                        |  |     |     |                                       |     |        |   |     |     |  |     |     |  |     |     |  |     |     |   |  |     |     |     |     |  |  |     |       |     |     |   |  |     |       |     |     |  |  |     |     |     |     |                  |  |     |     |     |     |  |  |     |     |     |     |                          |  |     |       |     |       |   |  |     |     |     |    |                                  |  |     |       |     |     |                                    |  |     |       |     |     |                                |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |    |     |    |   |  |     |     |     |     |   |  |     |    |     |    |  |  |     |     |     |     |   |  |     |     |     |     |  |  |     |     |     |     |   |  |     |     |     |     |   |  |                     |  |  |  |  |  |  |  |  |  |  |  |                                   |  |  |  |                   |  |
| 108   | 710   | 208  | 355   | Reissue filing fee   |   |                |          |  |   |   |   |   |   |  |   |     |                    |   |  |  |     |     |                   |   |                      |                     |                        |          |                  |                           |     |     |                        |     |                    |  |     |     |                                   |     |                        |  |     |     |                                       |     |        |   |     |     |  |     |     |  |     |     |  |     |     |   |  |     |     |     |     |  |  |     |       |     |     |   |  |     |       |     |     |  |  |     |     |     |     |                  |  |     |     |     |     |  |  |     |     |     |     |                          |  |     |       |     |       |   |  |     |     |     |    |                                  |  |     |       |     |     |                                    |  |     |       |     |     |                                |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |    |     |    |   |  |     |     |     |     |   |  |     |    |     |    |  |  |     |     |     |     |   |  |     |     |     |     |  |  |     |     |     |     |   |  |     |     |     |     |   |  |                     |  |  |  |  |  |  |  |  |  |  |  |                                   |  |  |  |                   |  |
| 114   | 150   | 214  | 75  | Provisional filing fee   |   |                |          |  |   |   |   |   |   |  |   |     |                    |   |  |  |     |     |                   |   |                      |                     |                        |          |                  |                           |     |     |                        |     |                    |  |     |     |                                   |     |                        |  |     |     |                                       |     |        |   |     |     |  |     |     |  |     |     |  |     |     |   |  |     |     |     |     |  |  |     |       |     |     |   |  |     |       |     |     |  |  |     |     |     |     |                  |  |     |     |     |     |  |  |     |     |     |     |                          |  |     |       |     |       |   |  |     |     |     |    |                                  |  |     |       |     |     |                                    |  |     |       |     |     |                                |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |    |     |    |   |  |     |     |     |     |   |  |     |    |     |    |  |  |     |     |     |     |   |  |     |     |     |     |  |  |     |     |     |     |   |  |     |     |     |     |   |  |                     |  |  |  |  |  |  |  |  |  |  |  |                                   |  |  |  |                   |  |
| <p>SUBTOTAL (1) (\$355)</p> <p>2. EXTRA CLAIM FEES</p> <table border="1"> <thead> <tr> <th>Total Claims</th> <th>Extra Claims</th> <th>Fee from below</th> <th>Fee Paid</th> </tr> </thead> <tbody> <tr><td><span style="border: 1px solid black; padding: 2px;">18</span></td><td><span style="border: 1px solid black; padding: 2px;">0</span></td><td><span style="border: 1px solid black; padding: 2px;">\$9</span></td><td><span style="border: 1px solid black; padding: 2px;">\$0</span></td></tr> <tr><td><span style="border: 1px solid black; padding: 2px;">3</span></td><td><span style="border: 1px solid black; padding: 2px;">0</span></td><td><span style="border: 1px solid black; padding: 2px;">\$40</span></td><td><span style="border: 1px solid black; padding: 2px;">\$0</span></td></tr> <tr><td></td><td></td><td>X <span style="border: 1px solid black; padding: 2px;"></span></td><td>= <span style="border: 1px solid black; padding: 2px;"></span></td></tr> </tbody> </table> |   |  |   | Total Claims   | Extra Claims  | Fee from below | Fee Paid | <span style="border: 1px solid black; padding: 2px;">18</span> | <span style="border: 1px solid black; padding: 2px;">0</span> | <span style="border: 1px solid black; padding: 2px;">\$9</span> | <span style="border: 1px solid black; padding: 2px;">\$0</span> | <span style="border: 1px solid black; padding: 2px;">3</span> | <span style="border: 1px solid black; padding: 2px;">0</span> | <span style="border: 1px solid black; padding: 2px;">\$40</span> | <span style="border: 1px solid black; padding: 2px;">\$0</span> |     |                    | X <span style="border: 1px solid black; padding: 2px;"></span>  | = <span style="border: 1px solid black; padding: 2px;"></span> | <table border="1"> <thead> <tr> <th>Large Fee Code (\$)</th> <th>Entity Fee Code (\$)</th> <th>Small Fee Code (\$)</th> <th>Entity Fee Description</th> <th>Fee Paid</th> </tr> </thead> <tbody> <tr><td>103</td><td>18</td><td>203</td><td>9</td><td>Claims in excess of 20</td><td></td></tr> <tr><td>102</td><td>80</td><td>202</td><td>40</td><td>Independent claims in excess of 3</td><td></td></tr> <tr><td>104</td><td>270</td><td>204</td><td>135</td><td>Multiple dependent claim, if not paid</td><td></td></tr> <tr><td>109</td><td>80</td><td>209</td><td>40</td><td>** Reissue independent claims over original patent</td><td></td></tr> <tr><td>110</td><td>18</td><td>210</td><td>9</td><td>** Reissue claims in excess of 20 and over original patent</td><td></td></tr> </tbody> </table> |     |     |                   | Large Fee Code (\$)                                     | Entity Fee Code (\$) | Small Fee Code (\$) | Entity Fee Description | Fee Paid | 103              | 18                        | 203 | 9   | Claims in excess of 20 |     | 102                | 80                                     | 202 | 40  | Independent claims in excess of 3 |     | 104                    | 270  | 204 | 135 | Multiple dependent claim, if not paid |     | 109    | 80  | 209 | 40  | ** Reissue independent claims over original patent |     | 110 | 18                                     | 210 | 9   | ** Reissue claims in excess of 20 and over original patent |     |     |   |  |     |     |     |     |  |  |     |       |     |     |   |  |     |       |     |     |  |  |     |     |     |     |                  |  |     |     |     |     |  |  |     |     |     |     |                          |  |     |       |     |       |   |  |     |     |     |    |                                  |  |     |       |     |     |                                    |  |     |       |     |     |                                |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |    |     |    |   |  |     |     |     |     |   |  |     |    |     |    |  |  |     |     |     |     |   |  |     |     |     |     |  |  |     |     |     |     |   |  |     |     |     |     |   |  |                     |  |  |  |  |  |  |  |  |  |  |  |                                   |  |  |  |                   |  |
| Total Claims  | Extra Claims  | Fee from below   | Fee Paid  |  |   |                |          |  |   |   |   |   |   |  |   |     |                    |   |  |  |     |     |                   |   |                      |                     |                        |          |                  |                           |     |     |                        |     |                    |  |     |     |                                   |     |                        |  |     |     |                                       |     |        |   |     |     |  |     |     |  |     |     |  |     |     |   |  |     |     |     |     |  |  |     |       |     |     |   |  |     |       |     |     |  |  |     |     |     |     |                  |  |     |     |     |     |  |  |     |     |     |     |                          |  |     |       |     |       |   |  |     |     |     |    |                                  |  |     |       |     |     |                                    |  |     |       |     |     |                                |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |    |     |    |   |  |     |     |     |     |   |  |     |    |     |    |  |  |     |     |     |     |   |  |     |     |     |     |  |  |     |     |     |     |   |  |     |     |     |     |   |  |                     |  |  |  |  |  |  |  |  |  |  |  |                                   |  |  |  |                   |  |
| <span style="border: 1px solid black; padding: 2px;">18</span>  | <span style="border: 1px solid black; padding: 2px;">0</span> | <span style="border: 1px solid black; padding: 2px;">\$9</span>  | <span style="border: 1px solid black; padding: 2px;">\$0</span> |  |   |                |          |  |   |   |   |   |   |  |   |     |                    |   |  |  |     |     |                   |   |                      |                     |                        |          |                  |                           |     |     |                        |     |                    |  |     |     |                                   |     |                        |  |     |     |                                       |     |        |   |     |     |  |     |     |  |     |     |  |     |     |   |  |     |     |     |     |  |  |     |       |     |     |   |  |     |       |     |     |  |  |     |     |     |     |                  |  |     |     |     |     |  |  |     |     |     |     |                          |  |     |       |     |       |   |  |     |     |     |    |                                  |  |     |       |     |     |                                    |  |     |       |     |     |                                |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |    |     |    |   |  |     |     |     |     |   |  |     |    |     |    |  |  |     |     |     |     |   |  |     |     |     |     |  |  |     |     |     |     |   |  |     |     |     |     |   |  |                     |  |  |  |  |  |  |  |  |  |  |  |                                   |  |  |  |                   |  |
| <span style="border: 1px solid black; padding: 2px;">3</span>   | <span style="border: 1px solid black; padding: 2px;">0</span> | <span style="border: 1px solid black; padding: 2px;">\$40</span> | <span style="border: 1px solid black; padding: 2px;">\$0</span> |  |   |                |          |  |   |   |   |   |   |  |   |     |                    |   |  |  |     |     |                   |   |                      |                     |                        |          |                  |                           |     |     |                        |     |                    |  |     |     |                                   |     |                        |  |     |     |                                       |     |        |   |     |     |  |     |     |  |     |     |  |     |     |   |  |     |     |     |     |  |  |     |       |     |     |   |  |     |       |     |     |  |  |     |     |     |     |                  |  |     |     |     |     |  |  |     |     |     |     |                          |  |     |       |     |       |   |  |     |     |     |    |                                  |  |     |       |     |     |                                    |  |     |       |     |     |                                |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |    |     |    |   |  |     |     |     |     |   |  |     |    |     |    |  |  |     |     |     |     |   |  |     |     |     |     |  |  |     |     |     |     |   |  |     |     |     |     |   |  |                     |  |  |  |  |  |  |  |  |  |  |  |                                   |  |  |  |                   |  |
|   |   | X <span style="border: 1px solid black; padding: 2px;"></span>   | = <span style="border: 1px solid black; padding: 2px;"></span>  |  |   |                |          |  |   |   |   |   |   |  |   |     |                    |   |  |  |     |     |                   |   |                      |                     |                        |          |                  |                           |     |     |                        |     |                    |  |     |     |                                   |     |                        |  |     |     |                                       |     |        |   |     |     |  |     |     |  |     |     |  |     |     |   |  |     |     |     |     |  |  |     |       |     |     |   |  |     |       |     |     |  |  |     |     |     |     |                  |  |     |     |     |     |  |  |     |     |     |     |                          |  |     |       |     |       |   |  |     |     |     |    |                                  |  |     |       |     |     |                                    |  |     |       |     |     |                                |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |    |     |    |   |  |     |     |     |     |   |  |     |    |     |    |  |  |     |     |     |     |   |  |     |     |     |     |  |  |     |     |     |     |   |  |     |     |     |     |   |  |                     |  |  |  |  |  |  |  |  |  |  |  |                                   |  |  |  |                   |  |
| Large Fee Code (\$)   | Entity Fee Code (\$)  | Small Fee Code (\$)  | Entity Fee Description  | Fee Paid   |   |                |          |  |   |   |   |   |   |  |   |     |                    |   |  |  |     |     |                   |   |                      |                     |                        |          |                  |                           |     |     |                        |     |                    |  |     |     |                                   |     |                        |  |     |     |                                       |     |        |   |     |     |  |     |     |  |     |     |  |     |     |   |  |     |     |     |     |  |  |     |       |     |     |   |  |     |       |     |     |  |  |     |     |     |     |                  |  |     |     |     |     |  |  |     |     |     |     |                          |  |     |       |     |       |   |  |     |     |     |    |                                  |  |     |       |     |     |                                    |  |     |       |     |     |                                |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |    |     |    |   |  |     |     |     |     |   |  |     |    |     |    |  |  |     |     |     |     |   |  |     |     |     |     |  |  |     |     |     |     |   |  |     |     |     |     |   |  |                     |  |  |  |  |  |  |  |  |  |  |  |                                   |  |  |  |                   |  |
| 103   | 18  | 203  | 9   | Claims in excess of 20   |   |                |          |  |   |   |   |   |   |  |   |     |                    |   |  |  |     |     |                   |   |                      |                     |                        |          |                  |                           |     |     |                        |     |                    |  |     |     |                                   |     |                        |  |     |     |                                       |     |        |   |     |     |  |     |     |  |     |     |  |     |     |   |  |     |     |     |     |  |  |     |       |     |     |   |  |     |       |     |     |  |  |     |     |     |     |                  |  |     |     |     |     |  |  |     |     |     |     |                          |  |     |       |     |       |   |  |     |     |     |    |                                  |  |     |       |     |     |                                    |  |     |       |     |     |                                |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |    |     |    |   |  |     |     |     |     |   |  |     |    |     |    |  |  |     |     |     |     |   |  |     |     |     |     |  |  |     |     |     |     |   |  |     |     |     |     |   |  |                     |  |  |  |  |  |  |  |  |  |  |  |                                   |  |  |  |                   |  |
| 102   | 80  | 202  | 40  | Independent claims in excess of 3  |   |                |          |  |   |   |   |   |   |  |   |     |                    |   |  |  |     |     |                   |   |                      |                     |                        |          |                  |                           |     |     |                        |     |                    |  |     |     |                                   |     |                        |  |     |     |                                       |     |        |   |     |     |  |     |     |  |     |     |  |     |     |   |  |     |     |     |     |  |  |     |       |     |     |   |  |     |       |     |     |  |  |     |     |     |     |                  |  |     |     |     |     |  |  |     |     |     |     |                          |  |     |       |     |       |   |  |     |     |     |    |                                  |  |     |       |     |     |                                    |  |     |       |     |     |                                |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |    |     |    |   |  |     |     |     |     |   |  |     |    |     |    |  |  |     |     |     |     |   |  |     |     |     |     |  |  |     |     |     |     |   |  |     |     |     |     |   |  |                     |  |  |  |  |  |  |  |  |  |  |  |                                   |  |  |  |                   |  |
| 104   | 270   | 204  | 135   | Multiple dependent claim, if not paid  |   |                |          |  |   |   |   |   |   |  |   |     |                    |   |  |  |     |     |                   |   |                      |                     |                        |          |                  |                           |     |     |                        |     |                    |  |     |     |                                   |     |                        |  |     |     |                                       |     |        |   |     |     |  |     |     |  |     |     |  |     |     |   |  |     |     |     |     |  |  |     |       |     |     |   |  |     |       |     |     |  |  |     |     |     |     |                  |  |     |     |     |     |  |  |     |     |     |     |                          |  |     |       |     |       |   |  |     |     |     |    |                                  |  |     |       |     |     |                                    |  |     |       |     |     |                                |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |    |     |    |   |  |     |     |     |     |   |  |     |    |     |    |  |  |     |     |     |     |   |  |     |     |     |     |  |  |     |     |     |     |   |  |     |     |     |     |   |  |                     |  |  |  |  |  |  |  |  |  |  |  |                                   |  |  |  |                   |  |
| 109   | 80  | 209  | 40  | ** Reissue independent claims over original patent   |   |                |          |  |   |   |   |   |   |  |   |     |                    |   |  |  |     |     |                   |   |                      |                     |                        |          |                  |                           |     |     |                        |     |                    |  |     |     |                                   |     |                        |  |     |     |                                       |     |        |   |     |     |  |     |     |  |     |     |  |     |     |   |  |     |     |     |     |  |  |     |       |     |     |   |  |     |       |     |     |  |  |     |     |     |     |                  |  |     |     |     |     |  |  |     |     |     |     |                          |  |     |       |     |       |   |  |     |     |     |    |                                  |  |     |       |     |     |                                    |  |     |       |     |     |                                |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |    |     |    |   |  |     |     |     |     |   |  |     |    |     |    |  |  |     |     |     |     |   |  |     |     |     |     |  |  |     |     |     |     |   |  |     |     |     |     |   |  |                     |  |  |  |  |  |  |  |  |  |  |  |                                   |  |  |  |                   |  |
| 110   | 18  | 210  | 9   | ** Reissue claims in excess of 20 and over original patent   |   |                |          |  |   |   |   |   |   |  |   |     |                    |   |  |  |     |     |                   |   |                      |                     |                        |          |                  |                           |     |     |                        |     |                    |  |     |     |                                   |     |                        |  |     |     |                                       |     |        |   |     |     |  |     |     |  |     |     |  |     |     |   |  |     |     |     |     |  |  |     |       |     |     |   |  |     |       |     |     |  |  |     |     |     |     |                  |  |     |     |     |     |  |  |     |     |     |     |                          |  |     |       |     |       |   |  |     |     |     |    |                                  |  |     |       |     |     |                                    |  |     |       |     |     |                                |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |    |     |    |   |  |     |     |     |     |   |  |     |    |     |    |  |  |     |     |     |     |   |  |     |     |     |     |  |  |     |     |     |     |   |  |     |     |     |     |   |  |                     |  |  |  |  |  |  |  |  |  |  |  |                                   |  |  |  |                   |  |
| <p>SUBTOTAL (2) (\$0)</p>   |   |  |   | <p>The Commissioner is authorized to charge any additional fees to the above noted Deposit Account.</p>  |   |                |          |  |   |   |   |   |   |  |   |     |                    |   |  |  |     |     |                   |   |                      |                     |                        |          |                  |                           |     |     |                        |     |                    |  |     |     |                                   |     |                        |  |     |     |                                       |     |        |   |     |     |  |     |     |  |     |     |  |     |     |   |  |     |     |     |     |  |  |     |       |     |     |   |  |     |       |     |     |  |  |     |     |     |     |                  |  |     |     |     |     |  |  |     |     |     |     |                          |  |     |       |     |       |   |  |     |     |     |    |                                  |  |     |       |     |     |                                    |  |     |       |     |     |                                |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |    |     |    |   |  |     |     |     |     |   |  |     |    |     |    |  |  |     |     |     |     |   |  |     |     |     |     |  |  |     |     |     |     |   |  |     |     |     |     |   |  |                     |  |  |  |  |  |  |  |  |  |  |  |                                   |  |  |  |                   |  |

\*\*or number previously paid, if greater; For Reissues, see above

| SUBMITTED BY      |   | Complete (if applicable)          |              |
|-------------------|---|-----------------------------------|--------------|
| Name (Print/Type) | Lynn M. Thompson  | Registration No. (Attorney/Agent) | 47,991       |
| Signature         |  | Telephone                         | 650-326-2400 |
| Date              | June 13, 2001   |                                   |              |

WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.